

## ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION	JB		05-09-01
O.I.P.E. CLASSIFIER	Yow	32	5/2/
FORMALITY REVIEW	H-S	866	6-31-01
RESPONSE FORMALITY REVIEW	ZK	829	8-31-01

## INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 — (Through numeral)... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Date
1	7/9/01
2	7/14/01
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12	✓
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Claim	Date
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Claim	Date
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If more than 150 claims or 10 actions  
staple additional sheet here

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